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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 09/655,127 09/05/2000 PAT 6,336,235  
 WHICH IS A CON OF 09/018,542 02/04/1998 PAT 6,163,903  
 WHICH IS A CON OF 08/511,711 08/04/1995 PAT 5,715,548

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/28/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IN	51	33	3
Verified and Acknowledged	Examiner's Signature Initials				

**ADDRESS**

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**TITLE**

Hospital bed

All Fees

FILING FEE  
RECEIVED  
974

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

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- 1.17 Fees ( Processing Ext. of time )
- 1.18 Fees ( Issue )
- Other \_\_\_\_\_
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